

**MATERNAL CHILD HEALTH SERVICES
HOOSIER HEALTHWISE
FIRST STEPS EARLY INTERVENTION SYSTEM
CHILDREN'S SPECIAL HEALTH CARE SERVICES
AUTHORIZATION TO RELEASE AND SHARE MEDICAL INFORMATION**

PLEASE READ THIS CAREFULLY BEFORE SIGNING.

IF YOU HAVE QUESTIONS, PLEASE ASK YOUR SERVICE COORDINATOR CARE COORDINATOR (IF APPLICABLE)

The purpose of this release is to collect information necessary to determine the participant's eligibility for the programs listed above, and to plan and provide essential and necessary services as determined through the multidisciplinary team process. I hereby authorize the medical provider named on this form to release to the staff of Maternal Child Health Services, and/or Hoosier Healthwise, and/or First Steps and/or Children's Special Health Care Services upon presentation of this form, any records or information pertinent to the development and implementation of a plan for service to meet the medical, educational, developmental, social, and rehabilitative needs for the participant named on this form. Authorization is also granted for release of information by Maternal Child Health Services, and/or Hoosier Healthwise, and/or First Steps and/or Children's Special Health Care Services to accomplish referrals for service to other individuals where an informed, written consent has been obtained from me as the parent/legal guardian; and to ensure ongoing service delivery in accordance with the IFSP through routine communications including report distribution, participation in IFSP meetings, and planning and review activities.

I understand that this consent includes the sharing of information as authorized above in written, verbal, and/or video format. As the parent/legal guardian, or surrogate parent (for educational purposes only, in the event one is appointed for early intervention services), I understand that I may revoke this authorization shown on the reverse of this form at any time in writing. The request shall remain valid until revoked or upon the expiration of sixty (60) days, whichever occurs first. A copy of this "Authorization to Release and Share Medical Information" has the same effect as an original.

The information collected as a result of this consent shall be maintained in the participant's record which will be located at Maternal Child Health Services, and/or the Indiana Family Social Services Administration Hoosier Healthwise, and/or First Steps, and/or Children's Special Health Care Services the Indiana State Department of Health. This record is subject to the provisions of the Family Educational Rights and Privacy Act (FERPA) and Release of Medical Records Law IC 16-39, as such, is available for my review and may be reproduced or corrected upon my request. All personal information collected will be treated as confidential pursuant to IC 4-1-6 et seq., IC 5-14-3-4 and 410 IAC 3.2-10.